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APPLICANTS

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**** CONTINUING DATA ******* *NONE, BTO, 4/4/2007*

**** FOREIGN APPLICATIONS ******* *NONE, BTO, 4/4/2007*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

10/31/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 6	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 7
Verifier and Acknowledged <i>[Signature]</i>		<i>BTO</i> Initials						

ADDRESS

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TITLE

Method of controlling reverse link transmission

FILING FEE RECEIVED 1324	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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